

## RESALE PROPERTY INFORMATION FORM

*Please complete this form and return with your letter of intent to sell*

**Seller Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Seller's Attorney:** \_\_\_\_\_

**Name of Development:** \_\_\_\_\_

**# of Units/Homes in Development:** \_\_\_\_\_ **Size of Home:** \_\_\_\_\_ **sq. ft.** **Age of Home:** \_\_\_\_\_

**Style of Home:** (Check One)

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family            | <b>Condominium/Association Fee, if applicable:</b> \$_____ per month       |
| <input type="checkbox"/> Town Home                | <b>Estimated Annual Taxes:</b> \$_____ per year                            |
| <input type="checkbox"/> Detached Condominium     | <input type="checkbox"/> Town Water <input type="checkbox"/> Septic System |
| <input type="checkbox"/> Garden Style Condominium |  |

**Condo Association:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**About the Unit:**

**# of Bedrooms:** ☐ One ☐ Two ☐ Three

**# of Bathrooms:** ☐ 1 ☐ 1½ ☐ 2 ☐ 2½

**Garage:** ☐ Yes, # of cars 1 or 2 (circle one) ☐ No

**Basement:** ☐ Yes ☐ No

**Heat (check two):** ☐ Gas ☐ Electric ☐ Oil ☐ Forced Hot Air ☐ Forced Hot Water ☐ Steam

**Appliances included in home sale:**

Refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure
Stove/Oven	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure
Microwave	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure
Dishwasher	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure
Garbage Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure
Washer/Dryer	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Not Sure

**Central Air Conditioning:** ☐ Yes ☐ No

**Hard Wood Floors:** ☐ Yes ☐ No

**Please list any other applicable description of the unit:**

\_\_\_\_\_  
\_\_\_\_\_